

Building Inspection/Code Enforcement 2 Town Hall Road, Newton, NH 03858 Tel: 382-4405 6 Fax 382-9140

www.newton-nh.gov

RESIDENTIAL PERMIT APPLICATION Building Permit # -Map ____Block___Lot___ Zone PROJECT ADDRESS (required) PROPERTY OWNER FULL NAME PHONE NUMBER MAILING ADDRESS CITY, STATE, ZIP EMAIL ADDRESS I acknowledge that the proposed structure or improvement(s) shall not be occupied or otherwise utilized without the issuance of a CERTIFICATE OF OCCUPANCY or CERTIFICATE OF FINAL INSPECTION. A Certificate of Occupancy or Certificate of Final Inspection is required for all permits upon completion of all final inspections. PROPERTY OWNER SIGNATURE (or letter indicating the proposed work is to be performed with his/her approval) DATE Foundation Only: _____ New Single-Family Dwelling: _____ **Project Information** (Check all that apply): New Multi-Family Dwelling: Accessory Apartment: Residential Addition: Accessory Building: Garage/Barn: Internal Renovation/Alteration: External Renovation/Alteration: Fireplace Gas: Solar Array: Generator: ___Central Air: ___Mini-Split System: ___Gas Heat: ___Electric Heat: ___ Oil Burner (Requires Fire Department Permit): ____Window/Door Replacement: ____Siding: ____Roofing: ____Deck: ____ Shed: Pool: Electric Service Other: Drilled Water Well: Total # of Bathrooms: E=___ PT=__ Gross Living Area Sq': E=____ PT=___ Total # of Bedrooms: E=___PT=_ *(Existing = E and Proposed Total = PT) State approval Septic System #______ Approval Date: ______ #of State Approved Bedrooms: ______ Check #_____Received by____ Impact Fee Amount Description of Work (include dimensions/materials/scope of work)-Additional space on page 3 if needed: Approved for construction: BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER DATE Conditions of this building permit approval:

Foundation Permit #20 Business Name: _		
Mailing Address:	City/Town:	Zip:
Phone #		
First/Last Name:		e:
		<u>.</u>
Job Description:		GL LUG 1
Cost of Construction \$ Pern	nit Fee \$	Check#/Cash
Residential Permit #20 Business Name: _		
Mailing Address:	City/Town:	Zip:
Phone #	Email:	
First/Last Name:		<mark>e</mark> :
Job Description:		
Cost of Construction \$ Perm		Check#/Cash
Cost of Construction \$ Feb.	int ree s	
Licensed Trade Permit #20 CHECK TH	E LICENSED TRADE PERMI	Γ THAT'S BEING APPLIED FOR:
ElectricPlumbingGas	HVAC/MECH.	Well
Business Name:	License #	Mailing Address:
City/Town: Zip:		
Email:		
Applicant's Signature:		
Cost of Construction \$ Perm	mt Fee φ	Check#/Cash
Licensed Trade Permit #20 CHECK TH	E LICENSED TRADE PERMI	T THAT'S BEING APPLIED FOR:
ElectricPlumbingGas	HVAC/MECH.	Well
Business Name:	License #	Mailing Address:
City/Town: Zip:	Phone #	
Email:	First/Last Name:	
Applicant's Signature:		
	nit Fee \$	
Licensed Trade Permit #20 CHECK TH	E I ICENSEN TOANE DEDMI	Γ THAT'S BEING APPLIED FOR :
Electric Plumbing Gas		
Business Name:		
City/Town: Zip:		
Email:		
Applicant's Signature:		
Cost of Construction \$ Perm	mit Fee \$	Check#/Cash
ATTACHMENTS & SUBMITTAL	S THAT MAY BE REQUIRED A	T TIME OF APPLICATION
1 Large Paper "Permit Set" of Construction Plans	Septic Approval & Desig	n
1 11x17 Paper "File Set" of Construction Plans	Plot Plan w/Setbacks sho	
1 Electronic Set of Construction Plans		Zoning Decision (if applicable)
Property Owner Sign-Off (Permit/Letter/Email to Bldg Office)		

Additional space if needed:		
Description of Work (include dimensions/materials/scope of work):		